REMARKS TO THE NIH COMMUNITY*

by

Donald S. Fredrickson, M.D.**

Today, I wish to speak of several matters of importance to NIH.

First, I want to assure you that NIH is healthy, strong and in the prime of its life.

The second is to announce that Ed Rall will serve as Acting Deputy Director for Science beginning July 1. I am also pleased to announce that John Eberhart, who is retiring as Scientific Director of Mental Health, will also be coming to Building One as Special Assistant to the Deputy Director for Science.

This aggregation of great strength suggests the dimensions of the loss that all NIH and I, personally, feel at the departure of Bob Goldberger to be Vice President for Health Sciences and Professor of Biochemistry at Columbia University. Bob succeeded Hans Stetten as Scientific Director unofficially in September 1979. As many of you remember, his selection resulted from a highly unusual canvassing of opinions from intramural scientists during which I consumed nearly 80 cups of tea and coffee.

In seeking your participation in finding new leadership for the NIH Intramural Program, I sent each of the senior scientists a letter reminding you of our need to preserve "an unprecedented capability for research in the life sciences that is represented by NIH laboratories and clinics." And that even though "the human and physical capital of the intramural program is awesome and its power for continued accomplishment seems unlimited . . . the essence of its greatness is fragile and could be quickly destroyed by careless trustees."

When I selected Bob Goldberger, I gave only one piece of advice. It is a saying of Alfred North Whitehead's that has always summed up for me the administration of a complex, organic institution like NIH, set down in a politically oriented cosmos. It is that "Style is the ultimate morality."

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Bob has shown a style of his own which now also reflects the polishing expected from instructive contacts with those grinding stones, the Scientific Directors. I believe the changes which he has introduced in the processes for determining tenure and for more uniform review of scientific performances were overdue and most important in sustaining the insistence upon excellence required for justification of these precious resources. To Bob and to Dr. Kathleen Mullinix, who will leave with him, and to Philip Chen, who fortunately remains, I extend my thanks -- and yours.

I also wish to recognize the dedicated contributions of Ted Becker, appointed Associate Director for Research Services in a reorganization begun in 1979. This new office has been an essential step in enabling us to begin crucial determinations within the next several years of the conditions under which an intramural program, which has ceased to expand, must sustain its excellence. We must decide upon the appropriate ratio of scientists to staff and the reallocations of laboratories and beds required for optimum vigor of programs dependent upon a proper balance between the young and the more experienced. The new Division of Safety, which takes advantage of the gifts of Emmett Barkley, provides a long-needed coordination of the activities destined to protect our scientists and to help other institutions do the same.

NIH seeks to modernize its older laboratories; the six oldest oldest buildings -- 2, 3, 4, 6, 7, 8 and 9. This will require on the order of $50 million in capital expenditures and years of round-robin moves to complete. It will mean inconvenience, too; but to neglect the fading conditions of these venerable quarters is to tolerate imminent hazard to our colleagues.

Rising invisibly behind us as we sit in Masur Auditorium this morning is the greatest single renovation project in NIH history. The ACRF will be dedicated in October of this year, and fully occupied within 2 more years. Its construction permits a hospital, designed in 1948 and grown incapable of modern care, to be "born-again," equipped for service into the 21st century and with the greatly expanded capacity for outpatients that reflects the future of biomedical research.

ACRF is more than a renovation. To me its young structure already is a repository of memories . . . the afternoon when I was allowed just 20 minutes to convince then Secretary Weinberger to put the necessary $105 million back in the budget . . . the formation of the planning committee under Ed Rall . . . the approval secured from the BIDs to use operating funds for constuction, if need be . . . the

decision to build a glass tower . . . the latter-day effort of all of us to secure the needed additional funds for modernization of the Clinical Center to effect the harmonious integration of these two structures.

ACRF is an innovation. I envision it as representing a new Bauhaus in the kind of multidisciplinary attention to complex problems in free populations that the Clinical Center represented in its time, in reference to intensive in-patient research. Here is the retort in which the pieces so brilliantly exposed in the biologic revolution can be resynthesized. It is the laboratory in which a more "humanistic biology," so often demanded by critics of intensive reductionism, can be created and tested.

To realize the full potential of the ACRF is going to be one of the greatest challenges for the NIH of tomorrow.

Next Thursday, Secretary Richard Schweiker of Health and Human Services will make his first official visit to the NIH campus.

This Secretary has the most extensive background in NIH and biomedical research of any in the history of the Department or its predecessor. (As I wrote him this week) . . . "I very much appreciated (his) immediate invitation to continue in my post upon his taking the office as Secretary" and ". . . our personal relationship has been one of mutual interest and respect . . ."

His itinerary will begin in Building 1. From there, we will show the Secretary and his party NLM, DCRT, the ACRF, and Buildings 2 and 7. His visit will allow a number of you to discuss your scientific work with him. In consideration of his high interest in research leading to primary prevention, the Institute Directors are going to serve him from a luncheon menu of major prevention initiatives. This will include some intramural as well as external components. He will spend all day here on Thursday, the 25th.

Secretary Schweiker will be the fifth Secretary I have introduced to NIH in the role of Director during the past 6 years. In that time, far more than the ACRF and the Lister Hill Center has been constructed.

All human biology has been in a rapid state of transition during that period and every institution involved with the life sciences has felt the perturbations. Here we are the center of the world in human biology -- a position claimed both from the unparalleled capacity of this campus for research and by the magnitude of

resources for extramural support that are under our stewardship. Thus we have been a center of that transformation. A few of the landmarks particularly stand out:

o The implementation, immediately after Asilomar, of the first restrictive code for biological research . . . a responsibility to balance the scientific imperatives against the public interest, an interface fragmented by a wide range of anxieties and special interests . . . the achievement of new processes without restrictive law, an example extending to laboratories in all advanced countries throughout the world. Looking back, I think we can say: "NIH managed well."

o In 1975, one of the most prominent defects to be repaired at the boundary between NIH and society was the definition of the proper limits of the boundaries themselves. More specifically expressed, our task was to determine how to protect our scientific programs from regulatory and service obligations, including excessive health promotion activities while remaining sensitive to criticism directed to science for rising costs of health care and a proliferation of new technologies. There were serious threats that in resopnding we might needlessly harm the objectivity of the search and fail to maintain the sharpness of the instruments of scientific inquiry.

Some answers were found to how we might demonstrate properly that science was not uninterested in the obligations created by the technology it spawned. From this campus came the concept of Technical Consensus Exercises . . . which have caught the imagination of health scientists, providers, and the public abroad as well as in this country. I regard, too, the increasing quality of clinical trials and as sharper definition of ethical procedures in human investigation, as permitting us successful passage through the difficult and highly critical mid-seventies.

o The impact of economic change began to be felt in the late seventies . . . a cooling down of capacity to fuel the vast system for inquiry as the biologic revolution heated up. Changes were demanded in laying out the macroeconomics of research resource allocations (SATT), coordination of programs extending over the borders of single categorical institutes ("trans-NIH activities"), formulation of the National Toxicology Program, the laying

of strategies for funding (principles) and for stabilization of support in the highly complex and fluid dramatics of Administration budgets and Congressional authorizations and appropriations, and now, the preparation for the zero-sum game of allocation between sectors of research. The "5,000 new and competing grants" is a chapter yet to be written in the history of maturation of both NIH as a community and the federal government as patron of science. I'm convinced we were correct in our strategy.

Behind the continued scientific success in both the intramural and extramural worlds, then, there rises a backdrop of major mountains created by administrative exertions over the last few years: Recombinant DNA Guidelines, ACRF, Consensus and Transfer, Health Research Planning, Stabilization and the 5,000 grants, and more recent labors with the Institutional Support of Research, Patents, Commercial Interfaces, Indirect Costs and Excessive Accounting.

There were other ecumenical tours de force, too, (like the Interagency Radiation Research Committee, to name but one), but they involve too selective a participation to mention in detail here.

Future: I think the optimism so essential for success in science is as indelible as ever. The future, however, will require more of us than the past:

- o Sufficient flexibility, while sustaining the best traditions, is going to be needed to adapt to funding that will be level at best, possibly with modest compression, as increases fail to meet inflation demands. I have already made reference to adjustments of balances in the Intramural Program, which must share the general fortunes of the Extramural World.

- o The next decade is going to test the institutes as never before in terms of other corporate responsibilities.

  - To begin with aggregate budget distributions as a basis for strategy — not to end with them. Planning that declines to a mere summation of competitive, independent categorical programs is not foresight.

- To select priorities for the funding of research by the different mechanisms of the present and possibly new ones for the future.

- Especially, to keep up creativity in continuous adjustment of the balance between categorical objectives and the provision of communal resources to maintain the strength of the institutions in which the majority of scientists work and teach.

o Attention to the style and substance of activities, other than experimental work, by which NIH also merits high rating as a social institution:

- continued provision of technical consensus and objective evaluation of technologies;

- education for both providers and recipients of health care so that change in scientific knowledge can benefically affect their lives and practices;

- faithful curatorship of invaluable collections of data, and the tangible collections of objects (cell lines, mutants, etc.) which join us to proceeding generations and they to the future;

- rigorous defense of scientific ethic and scientific freedom, for they are inseparable.

At NIH, the endless cycle of renewal must begin again — it is the nature of the place: This summer, in addition to Bob Goldberger, Institute-Director chairs must be re-filled: that of Donald Tower in Neurology and Bob Levy in NHLBI. They will be missed -- but they, and any others who go, will be replaced to maintain the tides.

This July, I am completing my fourth seven-year term at NIH. It seems as exhilarating and worthwhile as in the summer of 1953, when I arrived. On such a large stage, however, continuous appearances may lead to changing quality of performance. At least it narrows the perception of reality.

My last six years have been spent in the relentless company of the administrative burdens of the Director. It is time to shed them for a while, lest I forget completely how to be a scientist and a physician.

Therefore, I have yesterday sent to the President a letter containing these sentences:

> Dear Mr. President,
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> I respectfully request that on the first day of July you accept my resignation as Director of the National Institutes of Health. It is for personal reasons that I take leave of this position, which I have been honored to hold these past six years. Before then, I was also privileged to spend much of my scientific career at the National Institutes of Health.
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> I am most grateful for the continuing trust which you and Presidents Ford and Carter have extended in allowing me to lead this remarkable institution.
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> With my best wishes for your personal well-being, and the continued success of your Administration, I remain
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> Sincerely,

This is not the easiest time I have appeared before you.

I want to thank everyone here. Especially several faces in the front row: Virginia Tilley Ono, my first secretary at NIH; Margaret Quinlan, my expert word processor; Nancy Hawes, arbiter of syntax; and Bel Ceja, housemother of all NIH.

For Miss Poes, who came with me here in the hot summer of 1953, and has made the long stay possible, I reserve my deepest thanks.

I want to thank all of you for making me Director. As Director-Emeritus I hope you love and respect me just the same.